



Nursing and Midwifery Health Program
CARING FOR NURSES AND MIDWIVES

*‘Caring for the Health of Victoria’s
Nurses and Midwives’*

Coalition of National Nursing Organisations
Meeting

*Melbourne
May 2012*

Presentation Objective

*“To provide an overview of the **type** and **breadth** of service offered by the ‘Nursing & Midwifery Health Program, Victoria’ (NMHP)”*

Presentation Outline

- Industry issues; evidence & data;
- Organisation's history, background & development;
- Program's principles, model & outline;
- NMHP & the nursing 'landscape';
- NMHP & the employer;
- Program outcomes;
- NMHP research;
- NMHP & the future.

Industry issues; evidence & data

- Documented research at the time;

*'Up to **8% nurses** had a **substance use disorder**' (ANA: West 2002) and **'9.6% of community** had experienced **mental health problems**' (National Health Survey, Aust 2001)*

*'Nurses...could be regarded as working in a **high-risk environment** for substance misuse due to **increasing and unrelenting** professional stress and easy **access to drugs** at the work-site'.
Haack & Hughes (1989)*

Industry issues; evidence & data

***Berryman (2003)** states nurses **misusing** drugs and alcohol are more likely to suffer **enormous guilt** as well as **condemnation** by society because of their professional role in society...develops into **secretive behaviour**...lose control and substance use becomes hazardous...affecting their personal and then their professional lives.*

Risk factors for nurses developing substance problems;

*‘Work and study **stress**...**trauma**...lack of awareness of the impact of substances...**fear** of the ramifications of seeking help’. Dwyer et al (2002)*

Industry issues; evidence & data

Risk factors for nurses developing compassion fatigue;

*‘High personal, community **expectations**...high patient **acuity**...managing patient **trauma**...**undeveloped opportunities** for debriefing, reflection and peer supervision’. Billeter-Koponen et al (2005)*

Barriers to reaching out for help;

*‘**Fear...shame...guilt...isolation...loneliness**’ (Nurses Health Working Group, Consumer Focus Group, Melbourne 2005)*

History, Background & Development

- Initiative of individual nurses, ANF (Vic Branch) & Nurses Board of Victoria (2004);
- Guidance provided by Victorian Doctors Health Program (est. 2001);
- Culminated in the Nurses' Health Working Group & implementation in June 2006.

Program's principles, model & outline;

Program Aims;

- Provide an **initial point of contact**, referral and case management support to promote individual health and wellbeing;
- **Reduce risks** to those who use nursing & midwifery services;
- Provide **support for employers** managing those with health issues

Program's principles, model & outline;

Program Principles;

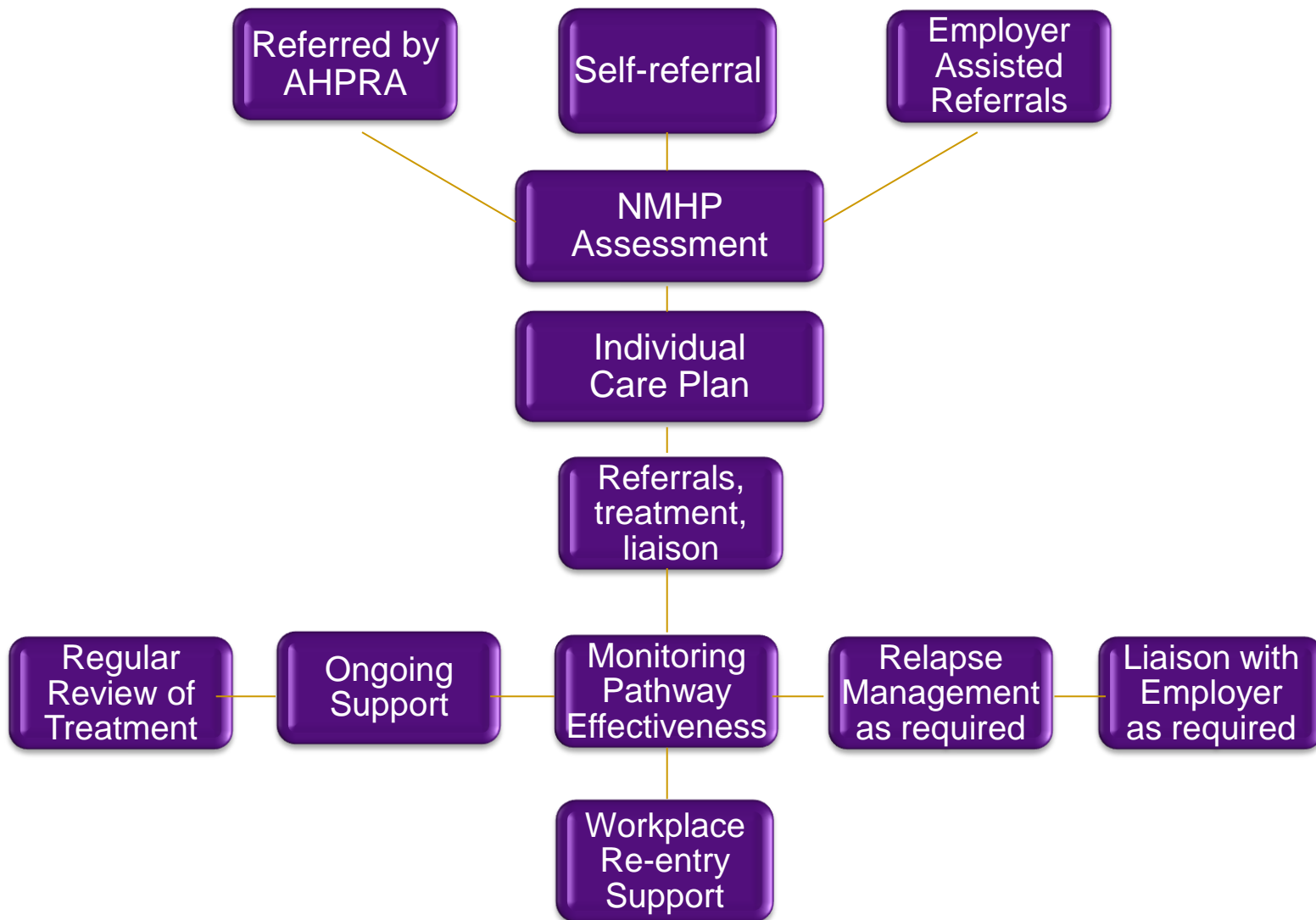
- **Independent**
- **Confidential**
- **Free**
- **Accessible** (especially for rural nurses)
- Offering '**Alternative to Discipline**' (ATD)
- **Nurse** designed, run and delivered

Program's principles, model & outline;

Program Principles;

- **Industry** 'intimacy & understanding'
- Familiarity with industry '**nuances**'
- '**Nurse sensitive**' practice
- Participant **driven** episodes
- Keeping **nurses in nursing** **WHILST** **protecting** the public

NMHP Model;

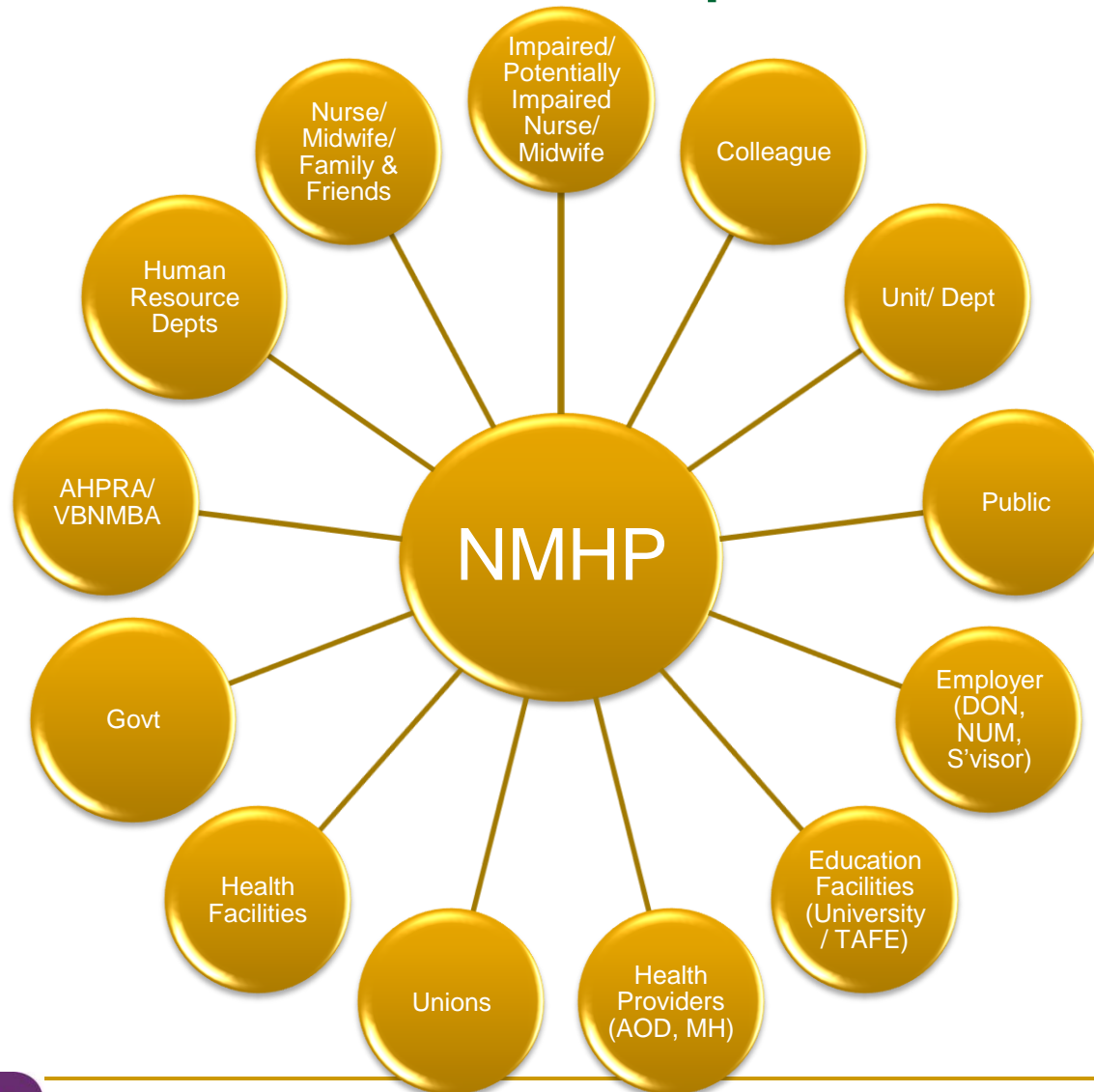


Program's principles, model & outline;

Service outline;

- **One to one** response, support & case management
- Peer based **group** support
- Industry based **debriefing & support**
- Industry based education, information and **prevention** forums

The NMHP Relationship;



NMHP & the nursing 'landscape';

- NMHP has become an **important & integrated** part of the Victorian nursing landscape
- NMHP has provided a platform where nurse impairment is now considered in a **'health' context**, with greater understanding, empathy and compassion
- NMHP models and **advocates** impairment as a 'health' issue
- NMHP **promotes nurses' health** nationally

NMHP & the nursing 'landscape';

- NMHP works closely with **AHPRA**...
 - To **take referrals** for nurses with health impairments needing our support
 - To **decipher and explain** the issues behind a registrant's condition / impairment
 - Where seeking our support is often a **requirement of a registrant's conditions of registration**

NMHP & the nursing 'landscape';

- NMHP works closely with **AHPRA...**
 - When **assisting registrants** to understand and manoeuvre the AHPRA system and processes
 - Where we will recommend, support and assist **nurses to self-notify** to AHPRA where indicated

NMHP & the nursing 'landscape';

- NMHP works closely with **ANF (Vic Branch)**...
 - To **take referrals** for nurses with health impairments needing our support
 - To **explain the issues** behind a registrant's condition / impairment
 - Where working closely with the nurse and ANF will **achieve a more favourable outcome** for that nurse, their family, colleagues, employer, and the CARE RECIPIENT

NMHP & the Employer;

- NMHP works closely with **Employers...**

NMHP includes DON, NUM & supervisors as 'Employers'

- In being the **'go to' place** for information, guidance, support and advice on a particular employee's health or presentation
- To **explain the issues** behind nurses' health impairments generally
- In **taking referrals** for nurses with health impairments

NMHP & the Employer;

- NMHP works closely with **Employers...**
 - To **develop plans** which are action based, solution focused and achievable **for the nurse AND the employer**
 - To **retain** nursing staff
 - Where working closely with the nurse and employer will **achieve a favourable outcome** for that nurse, their family, colleagues, employer, and the CARE RECIPIENT

NMHP & the Employer;

- The 'Employer Assisted Referral' (EAR) process
 - Includes the '**EAR**' policy &
 - An **Employer Guidelines Flowchart** designed to simplify the process for employers

NMHP Data & Outcomes;

- Between August 2006-March 2012
 - Opened **758** episodes of care
 - Provided approximately **250** participants with additional phone support
 - Supported approximately **145** individuals via our peer support group
 - Provided information and support to over **100** employers
 - Taken **several hundred** calls from concerned 'others' seeking information & assistance

NMHP Data & Outcomes;

- Points of interest
 - Alcohol & Other Drug (AOD) **40%**, with alcohol dominant
 - Mental Health (MH) **60%**, with psychological distress dominant
 - Areas of prevalence; Acute Services (**23%**), Aged Care (**16%**) & Mental Health (**11%**)
 - Approximately **27%** reside in rural / regional Victoria

NMHP Data & Outcomes;

- Of participants who have completed an Episode of Care;
 - 89% entered into a **positive therapeutic relationship**
 - 66% displayed behavioural change resulting in **improved health status**
 - 81% supported to **remain at work, returned to work** or had a **plan to return to work**

NMHP Data & Outcomes;

- **Participant Case Study (EAR);**
 - 55 year old female
 - ANUM, formerly an ADON and NUM
 - Highly dedicated professional / isolative
 - Increasingly absent; presented at work 'confused', 'erratic', 'unusual'
 - Employer approach, 'enquiring concern'
 - Disclosed recent loss & grief
 - Increased alcohol consumption to manage

NMHP Data & Outcomes;

- **Participant Case Study (EAR) Cont;**
 - Employer enforced sick leave
 - Neuropsych assessed, unfavourable finding
 - NMHP referral; close individual & group support for 12 months, abstinence, reversal of cognitive impairment, returned to work 6 months after NMHP engagement
 - Continues to participate in NMHP group 3 years later
 - Moved into leadership role at work

NMHP Data & Outcomes;

- **Participant Case Study (Self referral);**
 - 47 year old female, single parent
 - Graduate nurse, large metro hospital (successful professional in former occupation)
 - Highly dedicated, passionate nurse
 - ‘Resign or we will terminate you’ **4 weeks** into graduate year...resigned after 5 weeks
 - Reported to then Nurses Board of Victoria (NBV)
 - Inconsolable; felt guilty, ‘a failure’, ‘hopeless’

NMHP Data & Outcomes;

- **Participant Case Study (Self referral) Cont;**
 - ❑ Self-esteem, self-confidence shattered
 - ❑ NMHP engagement; close individual support for 6 months; re-built confidence and self-esteem; closely supported through formal NBV process. Positive finding, fit to practice
 - ❑ NMHP assisted to get 'job ready'; accepted into graduate program in following year, successfully completed with commendation
 - ❑ Thriving!

NMHP Data & Outcomes;

- **Participant Case Study (Self referral**)**
 - 53 year old female, 31 years nursing
 - Highly respected community nurse / palliative care
 - Self-referred, long-term narcotic use post neck injury
 - Diverting medications from work
 - ‘Practicing competently but it’s out of control’
 - NMHP advised of ‘*AHPRA National Law / Mandatory reporting responsibility*’ **

NMHP Data & Outcomes;

- **Participant Case Study (Self referral**) Cont:**
 - Jointly devised 'health' management plan; addressing issues of pain, addiction, recovery
 - Jointly devised 'AHPRA reporting' plan; addressing 'self-notification', incorporating industrial and legal support; established communication processes to monitor reporting process whilst ensuring participant's wellbeing & public safety
 - Engaged ANF (legal and industrial support)

NMHP Data & Outcomes;

- **Participant Case Study (Self referral**) Cont:**
 - Participant notified employer and resigned
 - Participant self-notified to AHPRA
 - NMHP 'health' support and management
 - Ongoing support from ANF
 - Registration suspended...
 - Registration reinstated with conditions
 - Remains engaged with NMHP, pain management / addiction addressed
 - Considerably healthier in every way

NMHP Research;

- **University of Melbourne** (Qualitative Report) participant opinion valued & recommended;
 - **Access** to individual counseling, group programs and advocacy
 - NMHP services provided by **experienced nurses**
 - **Increased accessibility** to the services provided by NMHP
 - **Further regionalization** of services across Victoria and replication of elements such as groups
 - Increasing the **promotion activity** of NMHP and for further development of health promotion activities

Dr Bridget Hamilton and Dr Rachael Duncan, School of Health Sciences, Nursing

NMHP Research;

- **Monash University**, 'Economic Estimate' of the work undertaken between Aug '06 – July '11;
 - *A nurse with substance abuse and/or mental health problems (who has time off work) costs on average **\$52k to \$70k** by way of lost productivity*
 - *This nurse returned to work in the presence of the NMHP service; without such a service there is a likelihood that they **may have left nursing entirely**, further exacerbating the shortage of qualified nurses*
 - *A nurse with problems (who does not have time off work) but instead has conditional employment, costs on average **\$38k to \$40k***

NMHP Research;

- ❑ *For those who went through the program – during this period – this represents a direct cost saving (benefit) of the program of **\$7.23m** to the health sector (or **\$4.29m** to the public health sector)*
- ❑ *There are **further benefits** that have not been valued like improved health and wellbeing and nurse work conditions (less pressure/stress on other nurses, continuity of care for patients, general collegiality)*

Dr Paula Lorgelly, Senior Research Fellow, Centre for Health Economics

NMHP & the Future;

- ❑ **Every** nurse, midwife and student of nursing & midwifery **across the country** to have access to a 'discipline specific' health service
- ❑ **Aug 2011:** NMHP made **recommendation** to AHMAC and NMBA to allow jurisdictions authority to **apply a levy** on the AHPRA registration, for **specific use** by that jurisdiction for a 'discipline specific' response
- ❑ **Feb 2012:** NMBA commissioned Siggins Miller to 'undertake a **comparative study** of nurses' health services around the country'

**QUESTIONS
COMMENTS
RECOMMENDATIONS**

Thank you

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